



Maryland Department of Health and Mental Hygiene
Office of Health Care Quality – Laboratory Licensing Programs
Spring Grove Center – Bland Bryant Building
55 Wade Avenue, Catonsville, MD 21228
Phone: 410.402.8025 Fax: 410.402.8213



Instructions for Completion of Employer Point of Collection/On-Site Drug Testing Registration

It is important that you fill out the registration form completely, including signatures where required. If the form is incomplete it will delay the registration process.

This form is necessary to register or renew your registration for your business to conduct screening tests for drugs of abuse as required by Maryland Annotated Code: Health - General Article § 17-205 (d)(2). This registration allows you and/or your agent to perform drug-screening tests on job applicants using single use drug testing kits.

A person who violates the registration requirement or any provision of the Maryland Annotated Code regarding specimen testing may be subject to a criminal conviction and fine. (Maryland Annotated Code: Health - General § 17-605)

If you are no longer performing drug-screening tests on job applicants using single use drug testing kits, please notify this office in writing.

Please submit no money at this time. Once your application is reviewed for completeness and compliance with the applicable regulations, you will be issued an invoice for the licensing fee as outlined in COMAR 10.10.10.10.


Once your payment is received, the appropriate license will be issued.

Please submit the completed registration form indicating whether this is an initial or renewal registration to:

**Laboratory Licensing – EDT Registration
Office of Health Care Quality
Spring Grove Center – Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228**

Once processed, you will receive a registration letter effective for two years.

If you have any questions, please contact the Laboratory Licensing Division at 410-402-8025.

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		Registration Number: EDT -
		Check #:
		Amount:
		Date Received:

☐ Initial Registration

☐ Renewal

Employer Point-of-Collection/On-Site Drug Testing Registration Form

Business/Employer Name			
Address			Testing Site <input type="checkbox"/> YES <input type="checkbox"/> NO
City/State/Zip Code			
Contact Person Name/Position	Telephone	Fax	Email
Testing Agent (if not employer)		Telephone	Fax
Testing Agent Address			Testing Site <input type="checkbox"/> YES <input type="checkbox"/> NO
City/State/Zip Code			Hours of Operation
Testing Person Name(s)			
Testing Site Location(s) (if not indicated above)			
Name and Address of Lab Used for Non-Negative Confirmation		Telephone	Fax
Name of Test Kit(s) and Manufacturer(s)			
Employer Signature	Title	Date	